

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	<i>2</i>		<i>1</i>		<i>1</i>		TOTAL IND.			
TOTAL DEP.	<i>10</i>		<i>1</i>		<i>1</i>		TOTAL DEP.			
TOTAL CLAIMS	<i>12</i>						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS